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PTO/SB/22 (01-08)  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> REGIM 3.3-067	
<b>Application Number</b> 10/553,482-Conf. #1165		<b>Filed</b> October 17, 2005	
<b>For</b> METHOD OF CALIBRATION OF REVERSE TRANSCRIPTION USING A SYNTHETIC MESSENGER RNA(SM-RNA) AS AN INTERNAL CONTROL			
<b>Art Unit</b> 1637		<b>Examiner</b> D. C. Thomas	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<b>Fee</b>	<b>Small Entity Fee</b>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		08/01/2008 ETECLE1 00000012 121095 10553482
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		01 FC:1253 1050.00 DA
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095. I have enclosed a duplicate copy of this sheet.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 43,703	
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34	
Signature		Date	
Andrea Jo Kamage		July 28, 2008	
Typed or printed name		(908) 654-5000	
		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of 1 forms are submitted.		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 28, 2008

Signature: Andrea Jo Kamage (Andrea Jo Kamage)



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<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$ _____
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<u>Andrea Jo Kamage</u>		<u>July 28, 2008</u>	
Signature		Date	
<u>Andrea Jo Kamage</u>		<u>(908) 654-5000</u>	
Typed or printed name		Telephone Number	
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